U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only Rec'd ST PEAD THE INSTRUCTIONS CAREELY			
AUG122005	LY BEFORE PREPARING THIS REPORT.		
E QUESTION I			
1. File Number U - 5767	2. Fiscal Year Covered From:		
*	// / 2009 Through: 12/31/2004		
3. Name and address of person filing.	Name, file number, and address of labor organization.		
Name JERRY D Gumphrey	Name FronWorkers Local 512		
/ /	Labor Organization File Number 022 - 158		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 851 PIERCR BUTTER ROJE	Street 851 PIRRER BUTTER ROUTE		
city St Paul MIY	city 34 Paul		
State MY ZIP Code + 4 55/04/-14	34 State MX ZIP Code + 4 55 10 16 - 16		
5. Position in labor organization. Business Represent	lative		
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
	7.b. Amount.		
Street			
City			
State ZIP Code + 4			
Signature			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)			

my Duduemphreez

Telephone Number

Name of Person Filing TERRY D GUMPHREY	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name Twin Coty Tronworkans App & Training fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 3001 Metro Drive Sude 500 City Blooming to A State MN ZIP Code + 4 55405	9. Business deals with: a. Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. Provides Appendice Training and Tourneyman upgrading Services		
Street City ZIP Code + 4	11.b. Approximate dollar value of such dealing. #300,000 12.a. Nature of interest held or income received. Box lunches provided in Connection with the Attendance at local or Regional Toint Appendiceship Committee Trustee meetings held on 1/28/04, . 4/1/04 8/12/04 9/29/04 10/6/04		
	12.b. Amount. #50		

Name of Person Filling JERRY D Gump KNEY	File Number U-		
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8. Name and address of Business (including trade name, if any). Name Twin City Transvaluers Appet Training Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 3001 Metro Drive Suite 500 City Blooming ton State MN ZIP Code + 4 55425	9. Business deals with: a. Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. Provides Appendice Training and Jarneyman upgrading Seevices		
Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. # 320,000 12.a. Nature of interest held or income received. Reception and Dinners provide in Connection with Attendance at Appendice graduation Ceremonies on 4/30/04 and 10/29/04 in 5+ Paul MM		
	12.b. Amount. # 104		

Name of Person Filing JERRY O GUMPHARY		File Number U -		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name Twin City IronWartars Fridge Benefit Fundament Fridge Benefit Fridge Ben Benefit Fridge Benefit Fridge Benefit Fridge Benefit Fridge Ben	9. Business deals with: a. Labor Organiza b. Trust c. Employer	ition		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such deal Acts as a for Particip	Erisa trust funds		
Street City State ZIP Code + 4	Connection u Twin City Fro Funds two to		a t vacht	
	12.b. Amount.	Ø	50	

C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Siehen Grose, Holtum and Carry Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 800 Marquette Aue City Mpls State MN ZIP Code +4 55402	14.a. Nature of payment. Dinner in Connection with Attendance at the AFX-CIO National hegislative Conference on 3/29/04 Wife Sugan Gumphrey was also In Attendance at Dinner.
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.

File Number U-

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Name of Person Filing JERRY O GUMPHREY

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8. Name and address of Business (Including trade name, if any). Name Turin City Iron Works Frinder Bentit Funder Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 500 Street 3001 Melo Drive City Blannington State MN ZIP Code + 4 35495	9. Business deals with: a. Labor Organiza b. Trust c. Employer	ition	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such deals Acts as a s for partici(Erisia trust funds	
Street City State ZIP Code + 4	Wighth fund to		